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Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health

Office of the High Commissioner for Human Rights

Consultation on mental health and human rights

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It is an honour to address you today. I wish to thank the Office of the High Commissioner for Human Rights for organising this consultation and for inviting me to this panel.

Globally, almost all contexts share the need for a paradigm shift in mental health, although what that shift looks like in practice is a matter of much debate.

In my tenure as the current Special Rapporteur on the right of everyone to the highest attainable standard of physical and mental health, I have undertaken to build on the established policy approach to mental health, in all its forms, as a human rights issue. Mental health is a particularly intersectional component of the right to health, given the history of criminalisation and wrongful detention of those with mental health challenges and to separate it from human rights is

misguided and wrong.

The starting point of millions of people around the globe is unequal. This inequality affects an individual's access to the determinants of health, such as education, access to water, clean environment and housing, among others, which in turn affect the individual's health outcomes.

Adverse health outcomes are not only about individual predisposition or genetics, but also about oppressive systems that established racial hierarchies, which enable enduring social discrimination beyond formal colonial structures and continue to perpetuate health inequalities.

Therefore, any reform of mental health must embrace a human rights approach. As such, **a human rights approach to mental health reform demands being aware of the existing inequalities and differences** within and between low-middle- and high-income countries **and how these and the legacy of coloniality** shape mental health systems. how AAAQ is impacted by structural barriers.

Noting inequalities is imperative to building solutions for improving determinants of health, mental and otherwise, because both the causes and the symptoms must be treated in order achieve holistic health. The human rights that are central to this approach must be protected and upheld at all costs, if we are to truly achieve the highest attainable standard of health for all.

From the perspective of the mandate I hold, **reforming mental health systems also entails the adoption of a human rights-based approach where everyone that requires mental health support is recognized first and foremost, as a person, with equal rights, and equal recognition in practice and law**; where every person's autonomy, integrity and dignity are guaranteed; where we invest in mental health systems in the community.

Reforming mental health systems requires as well placing **right holders**, **at the forefront of efforts and decisions for a rights-based change and reform of mental health systems**. Persons with mental health illness, various conditions, including

persons with disabilities must also participate in the planning, monitoring and evaluation of services, in system strengthening and in research.

Human rights based models of mental health policy should emphasize a holistic support to the individual and provide recovery and treatment jointly defined with the affected individual. Coercion, involuntary treatment and forced placement are incompatible with a human rights based approach to mental health.

Over time, the right to health mandate has identified **alternative models of mental health services as a good alternate option to traditional mental health systems too heavily reliant on a biomedical paradigm**. These alternative models are particularly relevant for those who have not been helped or who have been failed or harmed by traditional mental health systems, that still help many.

Importantly, the mandate has also identified the dominance of medicalization and the overreliance on medications for

mental health as a significant obstacle to the realization of the right to health.

Efforts to reform mental health systems should not uncritically export models from global North to the South and should address the root causes and the symptoms of structural inequalities in health systems. There must be an end to demonisation and belittling of indigenous and traditional health systems and knowledge. Many community led and immediately available assistance and facilities to many people around the world are non-western and such, there must be an integration in public health systems.

I would also like to conclude by encouraging Member States to promote mental health by prioritizing mental health and well-being by increasing financial support to sustainable, cross-cutting programmes that reduce poverty, inequalities, discrimination on all grounds and violence in all settings, so that the main determinants of mental health are effectively addressed.

We **must** work together to ensure compassionate, inclusive and human rights based approaches to mental health are integral and take into account intersectional vulnerabilities, and provide programmes that help achieve better health.

I cannot overemphasize that **everyone has a right to health and to be treated with respect, dignity and equality** - regardless of health status such as mental health, gender, sexuality, race, nationality, legal status or drug use. **Leaving no one behind means reaching first those who are furthest behind**, those in most vulnerable or most marginalized situations.